



**Rocky Mountain Synod**  
**Evangelical Lutheran Church in America**  
God's work. Our hands.

## Volunteer Application

*Please print clearly and fill out the application entirely*

Name (first, middle, last) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: cell \_\_\_\_\_ home \_\_\_\_\_ work \_\_\_\_\_  
(include area codes)

Email address: \_\_\_\_\_

Preferred method of communication (please circle)    cell    home    work    email

Best time to call: \_\_\_\_\_

Employer (current or most recent) \_\_\_\_\_

Position \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Are you a member of a Rocky Mountain Synod ELCA congregation?    yes    no

Name of congregation: \_\_\_\_\_

How are you involved in the life of your congregation?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in volunteering with the Rocky Mountain Synod Office of the Bishop and how will you support our mission?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other volunteer experience**

(include the name of the organization, your volunteer role, and supervisor name)

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**Do you have any hobbies, special education, talents, interests?**

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**Please list 3 references (including your pastor)**

_____	_____	_____
(Name)	(Relationship)	(Phone number)
_____	_____	_____
(Name)	(Relationship)	(Phone number)
_____	_____	_____
(Name)	(Relationship)	(Phone number)

The Rocky Mountain Synod Office of the Bishop has my permission to verify the references I have provided: yes \_\_\_ no \_\_\_

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer with the Rocky Mountain Synod Office of the Bishop.

\_\_\_\_\_  
(your signature)

\_\_\_\_\_  
(date)

**Rocky Mountain Synod Office of the Bishop**

7375 Samuel Dr, Denver, CO 80221

(303) 777-6700 (800) 525-0462